Indiana Division of Disability and Rehabilitative Services - Enhanced Provider Compliance Survey STAFF CENSUS WORKSHEET

| 1) This form is to be o | completed (preferably | electronic) by | the | age | ncy | / be | eing | su | rve | yed | | | | | D | ate | of S | urv | e <u>y:</u> | | | | | | | | | | | |
|---|--------------------------|-----------------------|-------------------|-------------------|-------------------------------------|-------------------------------------|------------------------------|----------------------|-----------------------|----------------------------|-----------------------------|-------------------------------|--|---------------|----------------------|------------------------------------|------------------|----------------------|---|---|---------|--|-----------------------------|----------------------|----------------------------------|----------------|----------------------|-------|-----------------------------|-------------------------------|
| 2) Include <u>all</u> employ | ır organization | | | | | | | | | | | | Sur | vey | Co | ordi | nat | or: | | | | | | | | | | | | |
| | n and SS Waiver Indiv | | | | | | | | | | | | | | 1 | rvey | | | | | | | | | | | | | | |
| | K" the function and/o | | | | | | | | | | | | N | ame | of | | | | | | | | | | | | | | | |
| <u> </u> | eted form to the surv | • | | | | | _ | | | | | | | | | | INS | ITE | ID: | | | | | | | | | | | |
| · · | ndicate with an "X" ir | | | | • | • | | s) | | | | | | | Co | nta | ct P | erso | <u>on:</u> | | | | | | | | | | | |
| individual personn | nel records that will be | e reviewed duri | ng t | he | sur | vey | • | | | | | | | | | | | ho | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | <u> </u> | E-m | ail: | | | | | 1 | | | 1 | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (prov | rider completes) # clie | nts provider is s | ervi | ng c | on S | SS w | vaiv | er: | 0 | | | | | | | | | | | | | | | | | | | | | |
| • | der completes) # clien | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (provider c | ompletes) # clients pr | ovider is serving | on | AU | TISI | Μv | vaiv | er: | 0 | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | То | tal: | 0 | | | | | | | | | | | | | | | | | L | | | | |
| | = Service that requir | e personnel rec | ord | revi | iew | to | val | idat | ер | rov | ider | s m | ee | ting | qua | alific | atio | ons | to p | orov | /ide | the | e se | rvic | e. | | | | | |
| | If the provider is prov | iding the service | e pi | ck a | ıt le | ast | on | е ре | erso | onn | el fi | le f | or a | an e | mpl | oye | ер | rovi | din | g th | is s | erv | ice. | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RETURN THIS FO | RM TO THE SURVEY | OR. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Adult Day Service | Adult Foster Care | Behavioral Support Services Level 1 | Behavioral Support Services Level 2 | Community Based Habilitation | Community Transition | Electronic Monitoring | Environmental Modification | Facility Based Habilitation | Family and Caregiver Training | Intensive Behavior Intervention Services | Music Therapy | Occupational Therapy | Personal Emergency Response System | Physical Therapy | Recreational Therapy | Rent and food for unrelated live-in caregiver | Residential Habilitation and Support Services | Respite | Specialized Medical Equipment and Supplies | Speech and Language Therapy | Supported Employment | Therapy (Psychological) Services | Transportation | Workplace Assistance | Other | Selections - Initial Survey | Selections - Follow-up Survey |
| Staff Name | Job Title | Employment start date | | | | | INE | OICA | ATE | WI | TH. | AN | "X' | ' SE | RVI | CES, | /FU | NCT | ΓΙΟΙ | NS (| OF 1 | THE | ST | AFF | | | | | | |
| | | start date | | | | | | | | | | | | | | | | | | | _ | | | _ | | | | | | _ |
| | | start date | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | start date | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | start date | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | start date | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Indiana Division of Disability and Rehabilitative Services - Enhanced Provider Compliance Survey STAFF CENSUS WORKSHEET

| | | | Adult Day Service | Adult Foster Care | Behavioral Support Services Level 1 | Behavioral Support Services Level 2 | Community Based Habilitation | Community Transition | Electronic Monitoring | Environmental Modification | Facility Based Habilitation | Family and Caregiver Training | Intensive Behavior Intervention Services | Music Therapy | Occupational Therapy | Personal Emergency Response System | Physical Therapy | Recreational Therapy | Rent and food for unrelated live-in caregiver | Residential Habilitation and Support Services | Respite | Specialized Medical Equipment and Supplies | Speech and Language Therapy | Supported Employment | Therapy (Psychological) Services | Transportation | Workplace Assistance | Other | Selections - Initial Survey | Selections - Follow-up Survey |
|------------|--|-----------------------|-------------------|-------------------|-------------------------------------|-------------------------------------|------------------------------|----------------------|-----------------------|----------------------------|-----------------------------|-------------------------------|--|---------------|----------------------|------------------------------------|------------------|----------------------|---|---|---------|--|-----------------------------|----------------------|----------------------------------|----------------|----------------------|-------|-----------------------------|-------------------------------|
| Staff Name | Job Title | Employment start date | | | | | INE | OICA | ATE | WI | TH . | AN | "X' | ' SEI | RVIC | CES, | /FU | NC ⁻ | ΓΙΟ | NS (| OF ' | THE | ST | AFF | : | | | | | |
| Stail Name | יייייייייייייייייייייייייייייייייייייי | Start date | | П | | П | | | ı | П | Г | | Г | T | | | | | | | | | | Г | | П | ı | | _ | \vdash |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | <u> </u> | ₩ |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | <u> — </u> | \square |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | <u> </u> | <u> </u> |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | <u> </u> | Ш |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | <u> </u> | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Ī | | | | | | | Ì | | | İ | 1 | | | | | | | | | | | | Ì | | | | |
| | | | Ī | | | | | | | l | | | | 1 | | | | | | | | | | T | | Ì | | | | |
| | | | | | | | Г | | | | | | | 1 | | | | | | | | | | | | İ | | | | \Box |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Ħ |
| | | | T | T | Г | T | Г | | | | | | | 1 | | | | | | | | | | | | 1 | | | | \Box |
| | | | | | | | | | | | | | H | | | | | | | | | | | | | | | | | $\vdash \vdash$ |
| | | | | H | | H | | | | | | | \vdash | 1 | | | | | | | | | | | | | | | | $\vdash \vdash$ |
| | | | H | \vdash | \vdash | \vdash | | | | | | | | 1 | | | | | | | | | | | | | | | | \forall |
| | | | | H | H | H | H | | | | | | H | | | | | | | | | | | | | | | | | \vdash |
| | | | | | | \vdash | | \vdash | | \vdash | | | | | | | | | | | | | | | | | | | | $\vdash \vdash \vdash$ |
| | | | | | \vdash | \vdash | \vdash | | | | | | \vdash | | | | | | | | | | | | | | | | \vdash | $\vdash\vdash\vdash$ |
| | | | | | | | | | | | | | | 1 | | | | | | | | | | | | | | | Щ. | |

Indiana Division of Disability and Rehabilitative Services - Enhanced Provider Compliance Survey STAFF CENSUS WORKSHEET

| | | | Adult Day Service | Adult Foster Care | Behavioral Support Services Level 1 | Behavioral Support Services Level 2 | Community Based Habilitation | Community Transition | Electronic Monitoring | Environmental Modification | Facility Based Habilitation | Family and Caregiver Training | Intensive Behavior Intervention Services | Music Therapy | Occupational Therapy | Personal Emergency Response System | Physical Therapy | Recreational Therapy | Rent and food for unrelated live-in caregiver | Residential Habilitation and Support Services | Respite | Specialized Medical Equipment and Supplies | Speech and Language Therapy | Supported Employment | Therapy (Psychological) Services | Transportation | Workplace Assistance | Other | Selections - Initial Survey | Selections - Follow-up Survey |
|------------|--|-----------------------|-------------------|-------------------|-------------------------------------|-------------------------------------|------------------------------|----------------------|-----------------------|----------------------------|-----------------------------|-------------------------------|--|---------------|----------------------|------------------------------------|------------------|----------------------|---|---|---------|--|-----------------------------|----------------------|----------------------------------|----------------|----------------------|-------|-----------------------------|-------------------------------|
| Staff Name | Job Title | Employment start date | | | | | INE | OICA | ATE | WI | TH . | AN | "X' | ' SEI | RVIC | CES, | /FU | NC ⁻ | ΓΙΟ | NS (| OF ' | THE | ST | AFF | : | | | | | |
| Stail Name | יייייייייייייייייייייייייייייייייייייי | Start date | | П | | П | | | ı | П | Г | | Г | T | | | | | | | | | | Г | | П | ı | | _ | \vdash |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | <u> </u> | ₩ |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \vdash | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | <u> </u> | <u> </u> |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | <u> </u> | Ш |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | <u> </u> | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Ī | | | | | | | Ì | | | İ | 1 | | | | | | | | | | | | Ì | | | | |
| | | | Ī | | | | | | | l | | | | 1 | | | | | | | | | | l | | Ì | | | | |
| | | | | | | | Г | | | | | | | 1 | | | | | | | | | | | | İ | | | | \Box |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Ħ |
| | | | T | T | Г | T | Г | | | | | | | 1 | | | | | | | | | | | | 1 | | | | \Box |
| | | | | | | | | | | | | | H | | | | | | | | | | | | | | | | | $\vdash \vdash$ |
| | | | | H | | H | | | | | | | \vdash | 1 | | | | | | | | | | | | | | | | $\vdash \vdash$ |
| | | | H | \vdash | \vdash | \vdash | | | | | | | | 1 | | | | | | | | | | | | | | | | \forall |
| | | | | H | H | H | \vdash | | | | | | H | | | | | | | | | | | | | | | | | \vdash |
| | | | | | | \vdash | | \vdash | | \vdash | | | | | | | | | | | | | | | | | | | | $\vdash \vdash \vdash$ |
| | | | | | \vdash | \vdash | \vdash | | | | | | \vdash | | | | | | | | | | | | | | | | \vdash | $\vdash\vdash\vdash$ |
| | | | | | | | | | | | | | | 1 | | | | | | | | | | | | | | | Щ. | |